

Form 3-1

Distribution: Firm Permit Services Enforcement Services Technical Services Planning Requester DAPCO	BAY AREA AIR QUALITY MANAGEMENT DISTRICT <i>939 Ellis Street</i> <i>San Francisco, California 94109</i> <i>(415) 771-6000</i> Summary of Source Test Results	Report No.: _____ Test Date: _____ Test Times: Run A: _____ Run B: _____ Run C: _____
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Source Information	Facility Parameters	
GDF Name and Address _____ _____ _____ _____ Permit Conditions _____	GDF Representative and Title _____ _____ GDF Phone No. () _____ Source: GDF Vapor Recovery System BAAQMD GDF # _____ BAAQMD A/C # _____	PHASE II SYSTEM TYPE (Check One) Balance <input type="checkbox"/> Vapor Assist <input type="checkbox"/> Type: _____ Other <input type="checkbox"/> Identify: _____ Manifolded? Y or N

Operating Parameters: Number of Nozzles Served by Tank #1 _____ Number of Nozzles Served by Tank #3 _____ Number of Nozzles Served by Tank #2 _____ Total Number of Gas Nozzles at Facility _____	
Applicable Regulations: BAAQMD REGULATION 8, RULE 7	FOR OFFICE USE ONLY:

Source Test Results and Comments:

TANK #:

	1	2	3	TOTAL
1. Product Grade				
2. Actual Tank Capacity, gallons				
3. Gasoline Volume, Gallons				
4. Ullage, gallons (#2 -#3)				
5. Phase I System Type				
6. Initial Test Pressure, Inches H ₂ O (2.0)				
7. Pressure After 1 Minute, Inches H ₂ O				
8. Pressure After 2 Minutes, Inches H ₂ O				
9. Pressure After 3 Minutes, Inches H ₂ O				
10. Pressure After 4 Minutes, Inches H ₂ O				
11. Final Pressure After 5 Minutes, Inches H ₂ O				
12. Allowable Final Pressure from Table 3-I				
13. Test Status [Pass or Fail]				

Test Conducted by: _____	Test Company Name: _____ Address: _____ City: _____	Date and Time of Test: _____
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